

Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 4

RECEIVED CAL APPEALS SEP 17 07

RECEIVED CAL APPEALS OCT 24 2007

INMATE/PAROLEE FILE COPY
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

CAL

B0701769

Category

1. _____
2. _____1. _____
2. _____for Edwin Rendon
of Staff Complaint

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
NEHEMIAH ROBINSON	J-71342		A-5-1094

A. Describe Problem: PETITIONER HEREBY MOVES TO FILE A 1ST AMEND. CIVIL RIGHTS CITIZEN COMPLAINT § 832.5 P.C. AGAINST "T.A. CATLETT, CORRECTIONAL SERGEANT, FACILITY B, CALIPATRIA STATE PRISON; FOR PERJURY AND FRAUD IN FALSIFYING AND FABRICATING FALSE ALLEGATIONS, ALLEGING THAT "PETITIONER WAS OBSERVED... STRIKING THE OTHER INMATE NUMEROUS TIMES WITH THE CANE; ON FRIDAY, AUGUST 17, 2001, AT APPROXIMATELY 11:29 HOURS; AND SGT. CATLETT REFER TO THE CRIME/INCIDENT REPORT, LOG # CAL-FBY-D1-02-0240. NO EVIDENCE OF SUCH FALSELY SUBMITTED STATEMENTS WERE NEVER CORROBORATED NOR SUSTAINED. I HEREBY INVOKE MY FEDERALLY SECURED AND ESTABLISHED RIGHT TO FILE PERJURY AND FRAUD CHARGES →

If you need more space, attach one additional sheet.

B. Action Requested: WHEREFORE PETITIONER RESPECTFULLY REQUEST 1) THAT AUTHORIZED STAFF INSPECT AND CORRECT THE CDC 128-B DATED 8-17-07 GENERATED BY SGT. CATLETT, 2) SGT. CATLETT BE COUNSELED SO THAT THIS ACT DONT REPEAT ITSELF, AND 3) COMPENSATED IN THE AMOUNT OF \$5000.00 FOR LIEBEL AND SLANDER AND PAIN AND SUFFERING. I EXTEND MY GRATITUDE IN ADVANCE.

Inmate/Parolee Signature: M. N. L. R. Date Submitted: 9-12-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

CAL

B0701769

CONT. OF A:
(DESCRIBE PROBLEM.)

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AGAINST "SGT. CATLETT" FOR VIOLATIONS OF PENAL CODES SECTS. § 115, 118(a), 135, 132 ASSERTING IT IS A CRIME TO SUBMITT ANY TYPE OF FALSE OR FABRICATED STATEMENT SUBMITTED ON A GOVERNMENT FORM TO A STATE AGENCY KNOWING SUCH INFORMATION TO BE FRAUDULENT, FALSE, OR FABRICATED AGAINST ANY PERSON OR PRISONER, INTENDED SPECIFICALLY FOR PUNISHMENT WITHOUT DUE PROCESS OF THE LAW UNDER THE 14TH AMEND. PROHIBITIONS OF THE DUE PROCESS CLAUSE TO THE 14TH AMEND. OF THE U.S. CONSTITUTION. PETITIONER MOVES TO CHARGE "SGT. CATLETT" FOR PENAL VIOLATIONS OF CRIMINAL LAW PROCEDURES P.C.'S 115(a), 118, 132, 135, WILLFULLY AND KNOWINGLY THAT SUCH MISCONDUCT AGAINST ANY PERSONS, CITIZENS, OR PRISONERS IS AN ACT UNAUTHORIZED BY COR TITLE 15 AND BY LAW. PETITIONER, IS EXPERIENCING PAIN AND SUFFERING, AND HAVE BEEN DENIED HIS OR A WALKING CANE, BASED UPON THE CDC 128-B (GENERAL CHRONO) GENERATED BY "SGT. CATLETT" FABRICATED, FALSE-ALLEGATIONS THAT WAS POLICE CREATED FABRICATION TO JUSTIFY THEIR UNLAWFUL ACTIONS OF NOT ALLOWING PETITIONER TO POSSESS HIS OR A WALKING CANE, KNOWING THAT PETITIONER SUFFER FROM A DISABILITY THAT DEBILITATE AND IMPAIR HIS ABILITY TO FUNCTION NORMAL, TO WALK, RIGHT. KNEE - LATERAL MENISCAL TEAR, AND PENDING SURGERY. CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT. NOWHERE DOES IT STATE, BY EITHER REPORTING EMPLOYEE THAT ALLEGELY OBSERVED THE INCIDENT ON FRIDAY, AUGUST 17, 2007, AT APPROXIMATELY 11:29 HOURS, THAT "THEY OBSERVED" PETITIONER STRIKING THE OTHER INMATE NUMEROUS TIMES WITH THE CANE" (AS REFERENCED IN ATTACHED AS EXHIBIT DATED 8-17-07 CRIME / INCIDENT REPORT, LOG # CAL -FBY-07-08-0240.) (SEE ATTACHED CDC 128-B)

AUTHORITY

- 1) CCP TITLE 15 § 3241. (a), 2) § 3391. (a), 3) AND § 3004. (4) (b) (C), AND § 3450 - (4) (1) (2), 5) § 3413. (4) (A) (1) (2) (C), 6) AND 5. U.S.C § 552⁹ (9) (4).

B0701769

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: SEP 20 2007 Due Date: 10/30/07Interviewed by: R. Johnson, Correctional Lieutenant

(See Attachment)

Staff Signature: [Signature]Title: LT.Date Completed: 10/16/07Division Head Approved: [Signature]Signature: [Signature]Title: CHAPTAINReturned: OCT 19 2007Date to Inmate: OCT 19 2007If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response. PETITIONER RESPECTFULLY REQUEST A SECOND LEVEL REVIEW FOR THE FOLLOWING REASONS: 1)

R. JOHNSON, CORRECTIONAL LIEUTENANT DELIBERATELY INDIFFERENTLY MIS-STATE THE FACTS OF THE EVIDENCE;
AND FALSIFIED AND FABRICATED ALLEGATIONS IN HIS ATTACHED CDOR 837 "A", A1 COVER SHEET / SUPPLEMENTAL REPORT DATED 08-17-07, WHICH SET IN MOTION THE ACT COMMITTED BY SGT. T.A. CAILETT;
AND LT. R. JOHNSON KNOW OR REASONABLY SHOULD KNOW THAT BY HIM BEING A SUPERIOR
(PLEASE SEE REVERSE SIDE OF ATTACHED ADDITIONAL SHEET)

Signature: [Signature]Date Submitted: 10-22-07Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ OtherREVIEWER'S ACTION (Complete within 10 working days): Date assigned: OCT 26 2007 Due Date: 11/23/07☒ See Attached LetterSignature: G. J. JANDA, AW-A/BDate Completed: NOV 14 2007Warden/Superintendent Signature: T. OCHOA, COWDate Returned to Inmate: NOV 14 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

(REVERSE SIDE OF ATTACHED ADDITIONAL SHEET)

CONT. OF F.:

(SECOND-LEVEL REVIEW)

OFFICER, SPECIFICALLY DOCUMENTING FALSE/FABRICATED STATEMENTS THAT "INMATE CLARK RECEIVED A BLOW TO HIS HEAD THIS INJURY WAS CLEARLY A RESULT OF INMATE ROBINSON STRIKING INMATE CLARK ON THE HEAD WITH A CANE" , WOULD CAUSE HIS SUBORDINATE OFFICER TO INFLICT THE CONSTITUTIONAL INJURY STATED BY PETITIONER, (DISCIPLINE)

2) THE LACK OF REPRIMAND OR DISCIPLINE FOR THE OFFICER INVOLVED EVEN WHEN HIS SUPERIOR OR SUPERVISOR WERE AWARE OF THE COMPLAINT (SUBSTANTIATED) WITH SUPPORTING FACTS ATTACHED TO SUBSTANTIATE PETITIONERS' ALLEGATION,

3) AND THE RESPONSIBILITY OF INVESTIGATING OR REVIEWING THIS MATTER SHALL NOT BE DELEGATED TO OFFICERS INVOLVED IN THE GRIEVANCE; SPECIFICALLY, LT. R. JOHNSON IS A "REPORTING STAFF" IN THE CRIME INCIDENT REPORT, DATED 08-17-07, INCIDENT LOG NO. CAL-FBY-07-08-0240 (ATTACHED), 4) COMPENSATED IN THE AMOUNT OF \$ 5000.00 FOR LIBEL AND SLANDER AND PAIN AND SUFFERING, AND 5) ANYONE WHO "CAUSES" ANY CITIZEN TO BE SUBJECTED TO A CONSTITUTIONAL DEPRIVATION IS ALSO LIABLE, UNDER 42 U.S.C.A § 1983. THEREFORE, IT IS RESPECTFULLY REQUESTED THAT THE PERSON OR OFFICIAL ASSIGNED TO REVIEW THIS MATTER ON THE SECOND LEVEL, BE FAIR AND IMPARTIAL AND UPHOLD THE LAW AND THE UNITED STATES CONSTITUTION (8TH AND 14TH AMEND. OF THE U.S.C.).

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STATE OF CALIFORNIA

CAL

DEPARTMENT OF CORRECTIONS AND REHABILITATION

B0701769

CDC 128-B

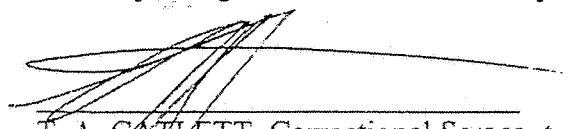
NAME and NUMBER

ROBINSON

-J-71342

On Friday, August 17, 2007, at approximately 11:29 hours Inmate ROBINSON, J-71342, was involved in an incident of Battery on an Inmate with a Weapon, as referenced in Crime/Incident Report, Log #CAL-FBY-07-08-0240. During this incident Inmate ROBINSON was observed utilizing his cane to assault another inmate, striking the other inmate numerous times with the cane. The use of Oleoresin Capsicum spray was necessary in order to quell Inmate ROBINSON's aggressive use of his cane. The cane was subsequently placed into evidence, and staff has determined that continued possession of the cane by Inmate ROBINSON would pose a grievous threat to the safety and security of staff, inmates, and the institution.

Original: Central File
cc: Program Lieutenant
CCI
Housing Unit
Security and Investigations Unit
Inmate



T. A. CAYLETT, Correctional Sergeant
Facility B
Calipatria State Prison

Dated: 08/17/07 (INFORMATIONAL - PROPERTY CONFISCATION) GENERAL CHRONO

SCREENED OUT

SEP 07 2007

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STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART A - COVER SHEET

CDCR 837-A (REV. 10/06)

Page 1 of 1

INCIDENT LOG NUMBER

CAL-FBY-07-08-0240

INCIDENT DATE
08/17/2007INCIDENT TIME
11:29

INSTITUTION CAL	FACILITY FBY - B yard #1	FACILITY LEVEL <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> RC <input type="checkbox"/> III <input checked="" type="checkbox"/> IV	INCIDENT SITE FACILITY B	LOCATION YARD #1	PROGRAM GP	AD/SEG YARD N/A	USE OF FORCE Yes
SPECIFIC CRIME/INCIDENT Battery on an Inmate With a Weapon				<input checked="" type="checkbox"/> CCR <input type="checkbox"/> PC <input type="checkbox"/> N/A NUMBER / SUBSECTION 3005-c1 Force or Violence			
D.A. REFERRAL ELIGIBLE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CRISIS RESPONSE TEAM ACTIVATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MUTUAL AID <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PIO/AA NOTIFIED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

RELATED INFORMATION (CHECK ALL THAT APPLY OR N/A)

DEATH AND CAUSE OF DEATH <input checked="" type="checkbox"/> N/A	ASSAULT / BATTERY <input type="checkbox"/> N/A 1. INMATE	TYPE OF ASSAULT / BATTERY <input type="checkbox"/> N/A 1. BATTERY ON INMATE
Other Desc:		


SERIOUS INJURY <input checked="" type="checkbox"/> N/A	INMATE WEAPONS <input type="checkbox"/> N/A 1. Other Not Listed - Other Description: CANE	TYPE OF WEAPON / SHOTS FIRED / FORCE <input type="checkbox"/> N/A 1. OC - MK-9 #Warning: 0 #Effect: 0 #Chemical: 1
ESCAPES <input checked="" type="checkbox"/> N/A	<div style="text-align: center;"> <p>RECEIVED</p> <p>AUG 31 2007</p> <p>Associate Warden Central Operations</p> </div>	

CONTROLLED SUBSTANCE <input checked="" type="checkbox"/> N/A	WEIGHT/ In Grams	PROGRAM STATUS <input checked="" type="checkbox"/> N/A	EXCEPTIONAL ACTIVITY <input checked="" type="checkbox"/> N/A
<div style="text-align: center;"> <p>RECEIVED</p> <p>AUG 31 2007</p> <p>Associate Warden Central Operations</p> </div>			
EXTRACTION: <input checked="" type="checkbox"/> N/A			

BRIEF DESCRIPTION OF INCIDENT (ONE OR TWO SENTENCES)

On August 17, 2007 at approximately 1129 hours, inmate Robinson, J71342, B2-107L, committed "Battery on an Inmate with Weapon" on Inmate Clark, H76477, B4-242U, resulting in use of force.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

NAME OF REPORTING STAFF (PRINT/TYPE) R JOHNSON	TITLE CORRECTIONAL LIEUTENANT	ID# 1781357	BADGE # 53511
SIGNATURE OF REPORTING STAFF 		PHONE EXT INCIDENT SITE 6205	DATE 8/17/2007
NAME OF WARDEN / AOD (PRINT/SIGN)			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

DV-1.5.2

CRIME / INCIDENT REPORT

PART A1 - SUPPLEMENT

CDCR 837-A1 (REV. 10/06).

INSTITUTION CAL		FACILITY FBY - B YARD #1		INCIDENT DATE 08/17/2007	INCIDENT TIME 11:29
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TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT ☐ SUPPLEMENTAL INFORMATION ☐ AMENDED INFORMATION ☐ CLOSURE REPORT

PRECIPITATING EVENTS:

On Friday, August 17, 2007, at approximately 1129 hours, Correctional Officer J. Rivas, B yard gunner, observed Inmate Robinson, J71342, B2-107L, swinging a state issued cane at Inmate Clark, H76477, B4-242U. Officer Rivas activated the yard alarm and the yard was ordered down. Inmates Robinson and Clark failed to comply with orders to get down. Correctional Sergeant (A) C. Neal, B yard Sergeant, responded to the area and observed Inmate Robinson attempting to strike Inmate Clark with the cane, Sergeant Neal sprayed Inmate Robinson with his state issued MK-9X (OC) oleoresin capsicum spray, both inmates complied with orders to get down. Upon medical evaluation it was determined the Inmate Clark had an injury to his head consistent with being bludgeoned with the cane.

This report is a compilation of involved staffs written reports. For a more detailed and descriptive report refer to the appropriate CDCR 837C/C1.

USE OF FORCE:

Correctional Sergeant Neal utilized his state issued MK-9 OC spray to the facial area of Inmate Robinson.

DECONTAMINATION:

Inmate Robinson was decontaminated from the effects of the OC spray with cool running water in the yard misters. Inmate Clark was not exposed to OC spray.

SUSPECT:

Inmate Robinson, J71342, B2-107L.

VICTIM:

Inmate Clark, H76477, B4-242U.

CRIMESCENE / EVIDENCE:

Sergeant Neal processed one stated issued cane into evidence locker #11 in central control.

SEARCHES / ESCORTS:

Correctional Officer J. Torrent, B5 floor officer #1, placed Inmate Robinson in restraints conducted a clothed body search, decontaminated, placed Inmate Robinson in the program office holding cell conducted a unclothed body search, all with negative results for weapons or contraband.

Correctional Officer M. Davila, B rec. officer, placed Inmate Clark in restraints conducted a clothed body search, placed Inmate Clark in the facility B satellite medical clinic holding cell conducted a unclothed body search, all with negative results for weapons or contraband.

MEDICAL TREATMENT / STAFF: N/A

MEDICAL TREATMENT / INMATE:

A CDCR 7219 medical report of injury or unusual occurrence was completed on all involved inmates noting the following injuries:

Inmate Robinson sustained no injuries.

Inmate Clark sustained a 1 1/2 inch laceration with swelling to the left side of the head.

ADDITIONAL INFORMATION:

Inmate Robinson will be issued a CDCR 115 Rule Violation Report for violation of CCR 3005© for the specific act of "Battery on an Inmate with Weapon".

Inmate Clark received a blow to his head this injury was clearly a result of Inmate Robinson striking Inmate Clark on

☒ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT/TITLE) R. JOHNSON	TITLE CORRECTIONAL LIEUTENANT	ID# 1761357	BADGE # 53511
SIGNATURE OF REPORTING STAFF		PHONE EXT. INCIDENT SITE	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

DV-1.5.2

CRIME / INCIDENT REPORT

PART A1 - SUPPLEMENT

CDCR 837-A1 (REV. 10/06)

Page 3 of 15	INCIDENT LOG NUMBER CAL-FBY-07-08-0240
INSTITUTION CAL	FACILITY FBY - B YARD #1
INCIDENT DATE 08/17/2007	INCIDENT TIME 11:29

TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT ☐ SUPPLEMENTAL INFORMATION ☐ AMENDED INFORMATION ☐ CLOSURE REPORT

the head with a cane and not as a result of any force by staff, therefore a videotaped interview is unnecessary.

This incident may be referred to the Imperial County District Attorneys office for possible felony prosecution.

Inmate Clark was deemed the victim of this assault, a CDC128 was generated identifying Inmate Clark and Inmate Robinson as enemies.

Inmate Clark stated that he has no housing concerns and requested to remain on B facility, a CDC128B informational chrono was generated and signed by Inmate Clark indicating this.

Inmate Robinson was medically cleared and rehoused in Administrative Segregation, pending review by Institutional Classification Committee for program and housing needs.

None of the involved inmates are participants in the Mental Health Services Delivery system, Disability Placement Program, Developmental Disability Placement program at any level of care.

None of the involved inmates made any allegations of excessive or unnecessary force.

All involved staff have been canvassed and advised to submit reports.

There was no damage to state or personal property as a result of this incident.

All appropriate administrative staff have been notified of this incident.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

NAME OF REPORTING STAFF (PRINT TYPE) R JOHNSON	TITLE CORRECTIONAL LIEUTENANT	ID# 1761357	BADGE # 53511
SIGNATURE OF REPORTING STAFF		PHONE EXT. INCIDENT SITE	DATE

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STATE OF CALIFORNIA

CRIME / INCIDENT REPORT

PART B1 INMATE

CDCR 837-3 (REV. 10/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CAL

B0701769

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INSTITUTION CAL-	FACILITY FBY-B Yard #1	INCIDENT LOG NUMBER CAL-FBY-07-08-0240
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INMATE (ENTIRE SHEET)

NAME: LAST Clark		FIRST Chester		MI	CDC # H-76477	SEX	ETHNICITY	FBI #	CII #
PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	RELEASE Date Type	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING B4-242U
INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCBS	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES								Injury Location - Cause - Force Used	
<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE		<input type="checkbox"/> TREATED AND RELEASED		<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT		NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A			
Reason For Death		Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:		VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED			

NAME: LAST Robinson		FIRST Nehemiah		MI	CDC # J-71342	SEX	ETHNICITY	FBI #	CII #
PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	LWOP	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING B2-107L
INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCBS	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES								Injury Location - Cause - Force Use	
<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE		<input type="checkbox"/> TREATED AND RELEASED		<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT		NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A			
Reason For Death		Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:		VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED			

NAME: LAST		FIRST		MI	CDC #	SEX	ETHNICITY	FBI #	CII #
PARTICIPANT <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CLASS SCORE	PVRTC <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REC'D BY CDC	DATE REC'D BY INST	ANTICIPATED RELEASE DATE	LWOP	EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB	HOUSING
INMATE LEVEL	<input type="checkbox"/> N/A <input type="checkbox"/> MHCBS	<input type="checkbox"/> CCCMS <input type="checkbox"/> DDP	<input type="checkbox"/> EOP <input type="checkbox"/> DPP	<input type="checkbox"/> DMH	COMMITMENT OFFENSE			COUNTY OF COMMITMENT	
<input type="checkbox"/> N/A DESCRIPTION OF INJURIES								Injury Location - Cause - Force Use	
<input type="checkbox"/> N/A <input type="checkbox"/> DECEASED DATE		<input type="checkbox"/> TREATED AND RELEASED		<input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> REFUSED TREATMENT		NAME/ LOCATION OF HOSP/ TREATMENT FACILITY <input type="checkbox"/> N/A			
Reason For Death		Is There Serious Injury <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> N/A PRISON GANG / DISRUPTIVE GROUP:		VALIDATED / ASSOCIATED <input type="checkbox"/> VALIDATED <input type="checkbox"/> ASSOCIATED			

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DV-1.5.2

CRIME / INCIDENT REPORT

PART B2 - STAFF

CDCR 837-B2 (REV. 10/06)

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INSTITUTION CAL	FACILITY FBY - B YARD #1	INCIDENT LOG NUMBER CAL-FBY-07-08-0240
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STAFF (ENTIRE SHEET)

NAME: LAST NEAL	FIRST C	MI	TITLE CORRECTIONAL SERGEANT	SEX M	ETHNICITY BLA	RDO'S
PARTICIPANT PRIMARY	BADGE # 64571	ID # 17602931	POST ASSIGN # 120153	POSITION B YARD SERGEANT		

☒ N/A DESCRIPTION OF INJURIES, LOCATION AND CAUSE:

<input checked="" type="checkbox"/> N/A NAME/ LOCATION OF HOSPI/ FACILITY	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED	USED FORCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE OF FORCE: OC	PROCESSED EVIDENCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reason For Death	Is There ASCA Serious Injury <input checked="" type="radio"/> No <input type="radio"/> Yes			

NAME: LAST DAVILA	FIRST N	MI	TITLE CORRECTIONAL OFFICER	SEX M	ETHNICITY HIS	RDO'S
PARTICIPANT RESPONDER	BADGE # 69156	ID # 1763708	POST ASSIGN # B REC OFFICER	POSITION 620624		

☒ N/A DESCRIPTION OF INJURIES, LOCATION AND CAUSE:

<input checked="" type="checkbox"/> N/A NAME/ LOCATION OF HOSPI/ FACILITY	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED	USED FORCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE OF FORCE:	PROCESSED EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason For Death	Is There ASCA Serious Injury <input checked="" type="radio"/> No <input type="radio"/> Yes			

NAME: LAST RIVAS	FIRST J	MI	TITLE CORRECTIONAL OFFICER	SEX M	ETHNICITY HIS	RDO'S S/S
PARTICIPANT RESPONDER	BADGE # 45867	ID # 176385	POST ASSIGN # 620636	POSITION B YARD GUNNER		

☒ N/A DESCRIPTION OF INJURIES, LOCATION AND CAUSE:

<input checked="" type="checkbox"/> N/A NAME/ LOCATION OF HOSPI/ FACILITY	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED	USED FORCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE OF FORCE:	PROCESSED EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason For Death	Is There ASCA Serious Injury <input checked="" type="radio"/> No <input type="radio"/> Yes			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DV-1.5.2

CRIME / INCIDENT REPORT

PART B2 - STAFF

CDCR 837-B2 (REV. 10/06)

Page 6 of 8

INSTITUTION CAL	FACILITY FBY - B YARD #1	INCIDENT LOG NUMBER CAL-FBY-07-08-0240
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STAFF (ENTIRE SHEET)

NAME: LAST TORRENT	FIRST J.	MI R.	TITLE CORRECTIONAL OFFICER	SEX M	ETHNICITY WHI	RDO'S T/W
PARTICIPANT RESPONDER	BADGE # 64585	ID # 17602893	POST ASSIGN # B5 FLOOR #1	POSITION 620617		

☒ N/A DESCRIPTION OF INJURIES, LOCATION AND CAUSE:

<input checked="" type="checkbox"/> N/A NAME/ LOCATION OF HOSP/ FACILITY	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED DATE	<input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> HOSPITALIZED Is There ASCA Serious Injury <input checked="" type="radio"/> No <input type="radio"/> Yes	USED FORCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE OF FORCE:	PROCESSED EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason For Death				

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (REV. 10/06)

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INCIDENT LOG NUMBER

CALFBY07550240

NAME: LAST NEAL		FIRST C		MI	INCIDENT DATE 8-17-07	INCIDENT TIME 1129 HRS
POST # 120153	POSITION B-YARD Sgt.	YEARS OF SERVICE 6 YR.	MO. 0	DATE OF REPORT 8-17-07	LOCATION OF INCIDENT B-YARD #1 HANDBALL COURT	
RDO's	DUTY HOURS 0800-1600	DESCRIPTION OF CRIME / INCIDENT BATTERY ON I/M W/ WPN N/S/J				CCR SECTION / RULE 3005 (C)
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)		
<input checked="" type="checkbox"/> PRIMARY		NEAL, C		CLARK H76477 CEL 242 B-4 (V)		
<input type="checkbox"/> RESPONDER				ROBINSON J71342 CEL B-2 107L (S)		
<input type="checkbox"/> WITNESS						
<input type="checkbox"/> VICTIM						
<input type="checkbox"/> CAMERA						
<input type="checkbox"/> SCRIBE						
FORCE USED BY YOU		FORCE USED BY YOU - TYPE OF WEAPON / SHOTS FIRED / FORCE				
<input type="checkbox"/> WEAPON		<input checked="" type="checkbox"/> N/A				
<input type="checkbox"/> PHYSICAL		WEAPON: <input type="checkbox"/> MINI 14				
<input checked="" type="checkbox"/> CHEMICAL		<input type="checkbox"/> .38 CAL				
<input type="checkbox"/> NONE		<input type="checkbox"/> 9MM				
		<input type="checkbox"/> SHOTGUN				
FORCE OBSERVED BY YOU		LAUNCHER: <input type="checkbox"/> 37MM				
<input type="checkbox"/> WEAPON		<input type="checkbox"/> L8				
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> 40MM				
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> 40 MM MULTI				
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> HFWS				
		EFFECT#: _____				
		CHEMICAL TYPE: <input type="checkbox"/> N/A				
		<input checked="" type="checkbox"/> OC MK-9x				
		<input type="checkbox"/> CN				
		<input type="checkbox"/> CS				
		<input type="checkbox"/> OTHER				
EVIDENCE COLLECTED BY		EVIDENCE DESCRIPTION		EVIDENCE DESCRIPTION		BIO HAZARD
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No		STATE ISSUED CANE		Placed in locker #11 in central		<input checked="" type="checkbox"/> No
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		PPE
<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No				FLUID EXPOSURE		<input checked="" type="checkbox"/> No
				<input type="checkbox"/> BODILY		SCIF 3301/3057 COMPLETED
				<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> Yes
				<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> No

NARRATIVE:

ON FRIDAY AUGUST 17, 2007 AT APPROXIMATELY 1129 HRS WHILE PERFORMING MY DUTIES AS B-YARD SERGEANT B-YARD #1 ON THE HANDBALL COURT WHEN I ARRIVED TO THE SCENE I SAW TWO INMATES STANDING IN FRONT OF EACH OTHER WITH I/M ROBINSON J-71342 B-2 107L HOLDING A CANE IN HIS RIGHT HAND ATTEMPTING TO STRIKE I/M CLARK H-76477 B-4 242. I THEN ORDERED BOTH COMBATANTS TO GET DOWN WITH NEGATIVE RESULTS. I/M ROBINSON TRIED TO SWING AT I/M CLARK AGAIN AT THIS TIME UTILIZING MY STATE ISSUED MK-9x OC SPRAY I DEPENDENT (1) ONE CONTINUOUS BURST OF SPRAY TO THE FACIAL AREA OF I/M ROBINSON AFTER WHICH BOTH I/Ms COMPLIED AND ASSUMED A PROPER POSITION ON THE GROUND. THE CANE WAS KEPT IN MY POSSESSION UNTIL IT WAS PLACED IN EVIDENCE LOCKER #11 IN CENTRAL CONTROL.

☒ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE B-YARD Sgt.	BADGE # 14577	ID# 1760941	DATE 8-17-07
NAME AND TITLE OF APPROVING OFFICER (PRINT SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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PART C - STAFF REPORT

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INCIDENT LOG NUMBER

CALFBY 07080240

NAME LAST Davila		FIRST M	MI	INCIDENT DATE 8/17/07	INCIDENT TIME 1129 hrs
POST #	POSITION BRVO REC	YEARS OF SERVICE 2 YR 5 MO.	DATE OF REPORT 8/17/07	LOCATION OF INCIDENT BRavo YARD #1 HANDGULCH RT	
RDO's M.T	DUTY HOURS 06-1400	DESCRIPTION OF CRIME / INCIDENT Battery on I/m w/wpn			CCR SECTION / RULE 3005(c)
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)	
<input type="checkbox"/> PRIMARY		C NEAL - STAFF		ROBINSON (571342) - S	
<input checked="" type="checkbox"/> RESPONDER		J TORRENT - STAFF		CLARK (H76477) - V	
<input type="checkbox"/> WITNESS					
<input type="checkbox"/> VICTIM					
<input type="checkbox"/> CAMERA					
<input type="checkbox"/> SCRIBE					
FORCE USED BY YOU		FORCE USED BY YOU - TYPE OF WEAPON / SHOTS FIRED / FORCE			
<input checked="" type="checkbox"/> WEAPON		<input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> PHYSICAL		WEAPON: <input type="checkbox"/> MINI 14			
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> .38 CAL			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 9MM			
FORCE OBSERVED BY YOU		<input type="checkbox"/> SHOTGUN			
<input type="checkbox"/> WEAPON		<input type="checkbox"/> 37MM			
<input type="checkbox"/> PHYSICAL		<input type="checkbox"/> L8			
<input type="checkbox"/> CHEMICAL		<input type="checkbox"/> 40MM			
<input checked="" type="checkbox"/> NONE		<input type="checkbox"/> 40 MM MULTI			
		<input type="checkbox"/> HPWRS			
		CHEMICAL / TYPE:			
		<input checked="" type="checkbox"/> N/A			
		<input type="checkbox"/> OC			
		<input type="checkbox"/> CN			
		<input type="checkbox"/> CS			
		<input type="checkbox"/> OTHER			
EVIDENCE COLLECTED BY		EVIDENCE DESCRIPTION		BIO HAZARD	PPE
<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
				<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
REPORTING STAFF INJURED		DESCRIPTION OF INJURY	LOCATION TREATED (HOSPITAL / CLINIC)	FLUID EXPOSURE	SCIF 3301/305/ COMPLETED
<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> BODILY	<input type="checkbox"/> Yes
				<input type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> No
				<input type="checkbox"/> OTHER	

NARRATIVE:

On Friday August 17, 2007 at approx 1129 while performing my duties as 21w Bravo rec officer, I responded to an alarm in Bravo yard I on the handball court, while arriving at the scene I/m Clark (H76477) and I/m Robinson (571342) were on the floor face down on the prone position. I then handcuffed I/m Clark (H76477) and conducted a clothed body search with negative results. I escorted I/m Clark to the Bravo medical clinic and placed him in the holding cell. I conducted an undetained body search on I/m Clark with negative results.

CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF	TITLE	BADGE #	ID#	DATE
<i>[Signature]</i>	C/O	69156	1763702	8/17/07
NAME AND TITLE OF REVIEWER (PRINT SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED	DATE
<i>[Signature]</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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CDCR 837-C2 (Rev. 07/05)

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REPORTING EMPLOYEE NAME (PRINT/TYPE)

INCIDENT LOG NUMBER

DATE OF INCIDENT

LAST: DAVILA

FIRST: M.

MI:

CAL-FBY-07-08-0240

08/17/07

Your report concerning the above referenced incident has been reviewed and the following information is required:

- ☒ Prepare a CDCR 837-C1 Supplement report clarifying the issues listed below:
- ☐ Prepare a CDCR 837-C1 Supplement report providing additional information regarding the issues listed below:
- ☐ Prepare a CDCR 837-A1 Supplement report clarifying the issues listed below:
- ☐ Prepare a CDCR 837-A1 Supplement report to ammend the information regarding the issues listed below:

DUE BY: 08/22/07

RETURN TO: T. A. CATLETT, Correctional Sergeant

Did you conduct a search of the Holding Cell prior to placing Inmate Clark, H76477 inside?

☐ CHECK IF CONTINUED ON ADDITIONAL PART C2

NAME OF REVIEWER (PRINT)

TITLE

SIGNATURE

DATE

T. A. CATLETT

CORR SGT

9/24/07

Distribution: Original Incident Package Canary: Reporting Employee Pink: Reviewing Supervisor

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1-SUPPLEMENT

CDCR 837-C1 (Rev. 07/05)

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INCIDENT LOG NUMBER

CAL-FBY-07-08-0240

NAME: LAST

DAVILA

FIRST

M

MI

TYPE OF INFORMATION:

☐ CONTINUATION OF REPORT☒ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

NARRATIVE:

yes, I conducted a search of the holding cell prior to placing Jim Clark (#76477) inside, with negative results. *[Signature]*

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF <i>[Signature]</i>	TITLE Cdo	BADGE # 69156	ID # 1763708	DATE
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)	DATE RECEIVED	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C - STAFF REPORT

CDCR 837-C (REV. 10/06)

Page 11 of 15 INCIDENT LOG NUMBER
C42 FBY 07080240

NAME: LAST <u>Rivas</u>		FIRST <u>J</u>		MI <u>H</u>	INCIDENT DATE <u>8-17-07</u>	INCIDENT TIME <u>1129</u>
POST # <u>620635</u>	POSITION <u>Observation</u>	YEARS OF SERVICE <u>15</u> YR. <u>10</u> MO.	DATE OF REPORT <u>8-17-07</u>		LOCATION OF INCIDENT <u>yard #1 handball court</u>	
RDC's <u>55</u>	DUTY HOURS <u>06-14</u>	DESCRIPTION OF CRIME / INCIDENT <u>Battery on an Inmate w/ weapon</u>				CCR SECTION / RULE <u>3005 c</u>
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)		
<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA <input type="checkbox"/> SCRIBE				<u>Robinson</u> <u>Clark</u>		
FORCE USED BY YOU <input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE		FORCE USED BY YOU - TYPE OF WEAPON / SHOTS FIRED / FORCE <input checked="" type="checkbox"/> N/A WEAPON: <input checked="" type="checkbox"/> MINI 14 <input type="checkbox"/> .38 CAL <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN <input type="checkbox"/> X10 WARNING: _____ EFFECT: _____ LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWS EFFECT#: _____ CHEMICAL TYPE: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER				
FORCE OBSERVED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DESCRIPTION		BIO HAZARD
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EVIDENCE COLLECTED BY		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		FLUID EXPOSURE
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> BODILY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
REPORTING STAFF INJURED						SCIF 3301/3067 COMPLETED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE:

On Friday 8-17-07 at approximately 1129 hours while performing my duty as a observation booth officer, I observed two(2) inmates later identified by responding yard staff as Robinson CCH 7134202107 and Clark H 7647704242. Both inmates were facing each other on the yard #1 handball court (Looking east from observation). Inmate Robinson had a cane in his hands and was swinging it at inmate Clark who had both his hands up clenched into fists. Both inmates were trying to strike each other. I then verbally ordered the yard via the p.a. system all inmates comply with the exception of the combatant. I advised yard staff of the disturbance on the yard #1 handball court. I then chambered one (1) round from my state issue mini 14 serial 185-59072 and directed my point of aim at inmate Robinson's left side to (30. Robin was swinging the cane) at this time responding yard staff arrived. I then placed my weapon on safe, and directed my weapons point of aim

CHECK IF NARRATIVE IS CONTINUED ON PART C1

 SIGNATURE OF REPORTING STAFF [Signature] TITLE C/O BADGE # 45867 ID # 176385 DATE 8-17-07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CRIME / INCIDENT REPORT

PART C1 - SUPPLEMENT

DCR 837-C1 (REV. 10/06)

Page

of

INCIDENT LOG NUMBER

CALFBY 0708 0240

NAME LAST

Rivas

FIRST

J

MI

H

TYPE OF INFORMATION

☒ CONTINUATION OF REPORT☐ CLARIFICATION OF REPORT☐ ADDITIONAL INFORMATION

in a safe direction, yard staff placed both inmates
in restraints without further incident.

CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

NATURE OF REPORTING OFFICE

TITLE

C/O

BADGE #

45867

DATE

8/17/07

NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE)

DATE RECEIVED

APPROVED

CLARIFICATION NEEDED

DATE

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CRIME / INCIDENT REPORT
PART C - STAFF REPORT

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INCIDENT LOG NUMBER

CALFB407-08-0240

NAME: LAST TORRENT		FIRST J.		MI R.	INCIDENT DATE 8-17-07	INCIDENT TIME 1129
POST #	POSITION B-5 FLOOR	YEARS OF SERVICE 5 YR. 5 MO.	DATE OF REPORT 8-17-07		LOCATION OF INCIDENT B-YARD#1 HANDBALL COURT.	
RDO's T/W	DUTY HOURS 06-1400	DESCRIPTION OF CRIME / INCIDENT BATTERY on I/M W/ WPN N/S/J				CCR SECTION / RULE 3005 (C)
YOUR ROLE		WITNESSES (PREFACE S-STAFF, V-VISITOR, O-OTHER)		INMATES (PREFACE S-SUSPECT, V-VICTIM, W-WITNESSES)		
<input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> RESPONDER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> CAMERA <input type="checkbox"/> SCRIBE		S/NIEL 		ROBINSON CLARK 		
FORCE USED BY YOU		FORCE USED BY YOU - TYPE OF WEAPON / SHOTS FIRED / FORCE				
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE		WEAPON: <input checked="" type="checkbox"/> N/A FORCE: <input type="checkbox"/> EXPANDABLE BATON <input type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 WARNING: <input type="checkbox"/> MINI 14 <input type="checkbox"/> .38 CAL <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN EFFECT: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWRS LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWRS EFFECT#: <input type="checkbox"/> N/A <input type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> OTHER				
FORCE OBSERVED BY YOU		EVIDENCE DESCRIPTION		EVIDENCE DESCRIPTION		BIO HAZARD
<input type="checkbox"/> WEAPON <input type="checkbox"/> PHYSICAL <input type="checkbox"/> CHEMICAL <input checked="" type="checkbox"/> NONE		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EVIDENCE COLLECTED BY		DESCRIPTION OF INJURY		LOCATION TREATED (HOSPITAL / CLINIC)		SCIF 3301/3067 COMPLETED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
REPORTING STAFF INJURED		DESCRIPTION OF INJURY		FLUID EXPOSURE		SCIF 3301/3067 COMPLETED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> BODILY <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE:

ON FRIDAY AUGUST 17, 2007 AT APPROXIMATELY 1129 HOURS WHILE PERFORMING MY DUTIES AS BRAVO 5 FLOOR#1 I RESPONDED TO AN ALARM ON B-YARD, YARD#1 HANDBALL COURT INMATE ROBINSON J-71342 B-2 107 AND I/M CLARK H-76477 B-4 242 WERE IN THE PRONE POSITION ON THE GROUND (A) SGT NIEL ORDERED ME TO PUT I/M ROBINSON IN MECHANICAL RESTRAINTS I THEN ESCORTED ROBINSON TO YARD#1 SHOWER TO DECONTAMINATE WITH COPIOUS AMOUNTS OF COOL RUNNING WATER I THEN ESCORTED I/M ROBINSON TO BRAVO PROGRAM OFFICE AND PLACED HIM IN HOLDING CELL#1 WHERE I CONDUCTED AN UNCLOTHED BODY SEARCH WITH NEGATIVE RESULTS I ALSO CONDUCTED A CLOTHED BODY SEARCH PRIOR TO ESCORT WITH NEGATIVE RESULTS.

☐ CHECK IF NARRATIVE IS CONTINUED ON PART C1

SIGNATURE OF REPORTING STAFF T. TORRENT	TITLE COLLECTIONS OFFICER	BADGE # 104585	DATE 8-17-07
NAME AND TITLE OF REVIEWER (PRINT SIGNATURE)	DATE RECEIVED	APPROVED	CLARIFICATION NEEDED

STATE OF CALIFORNIA

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CDCR 837-C2 (Rev. 07/05)

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REPORTING EMPLOYEE NAME (PRINT TYPE)

INCIDENT LOG NUMBER

DATE OF INCIDENT

LAST: TORRENT

FIRST: J.

MI:

CAL-FBY-07-08-0240

08/17/07

Your report concerning the above referenced incident has been reviewed and the following information is required:

- ☒ Prepare a CDCR 837-C1 Supplement report clarifying the issues listed below:
- ☐ Prepare a CDCR 837-C1 Supplement report providing additional information regarding the issues listed below:
- ☐ Prepare a CDCR 837-A1 Supplement report clarifying the issues listed below:
- ☐ Prepare a CDCR 837-A1 Supplement report to ammend the information regarding the issues listed below:

DUE BY: 08/24/07RETURN TO: T. A. CATLETT, Correctional Sergeant

Did you conduct a search of the Holding Cell prior to placing Inmate Robinson, J71342 inside?

☐ CHECK IF CONTINUED ON ADDITIONAL PART C2

NAME OF REVIEWER (PRINT)

TITLE

SIGNATURE

DATE

T. A. CATLETT

CORR SGT

8/24/07

CAL

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STATE OF CALIFORNIA

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CDCR 837-C1 (Rev. 07/05)

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INCIDENT LOG NUMBER
CAL-FBY-07-08-0240

NAME: LAST
TORRENT

FIRST
J.

MI

TYPE OF INFORMATION:

☐ CONTINUATION OF REPORT

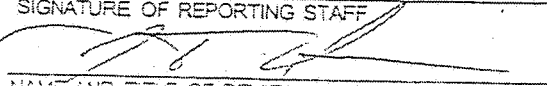
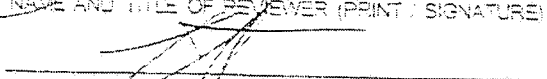
☒ CLARIFICATION OF REPORT

☐ ADDITIONAL INFORMATION

NARRATIVE:

I CONDUCTED A SEARCH OF HOLDING CELL #1 WITH NEG.
RESULTS.

☐ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL C1

SIGNATURE OF REPORTING STAFF 	TITLE C/O	BADGE # 64585	ID # 17602893	DATE 8-24-07
NAME AND TITLE OF REVIEWER (PRINT / SIGNATURE) 	DATE RECEIVED 8/24/07	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLARIFICATION NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE 8/24/07

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STATE OF CALIFORNIA

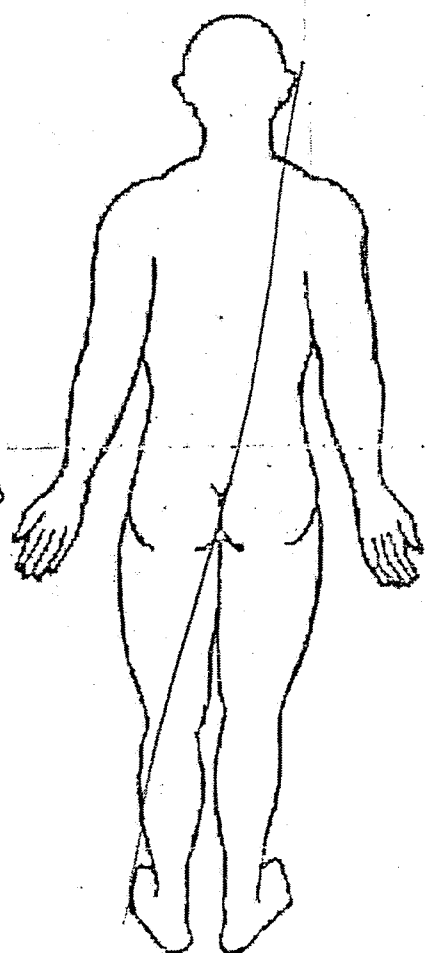
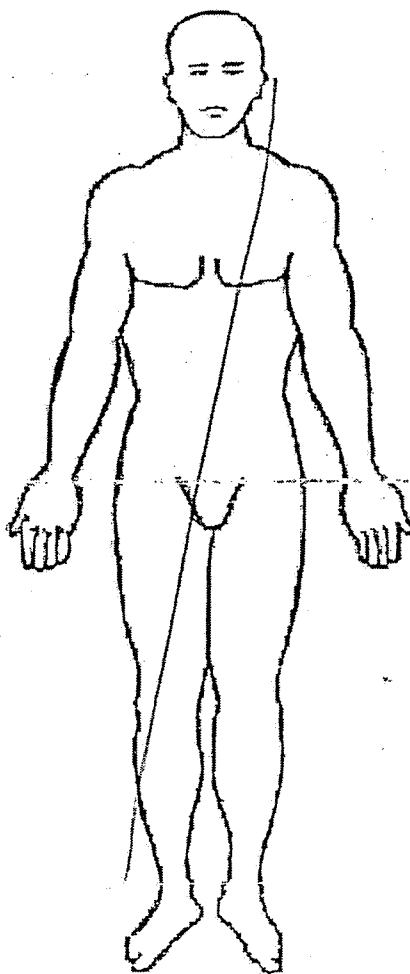
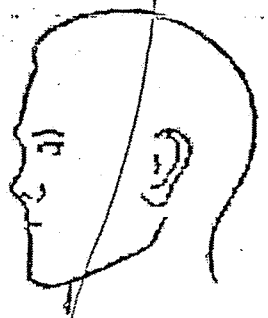
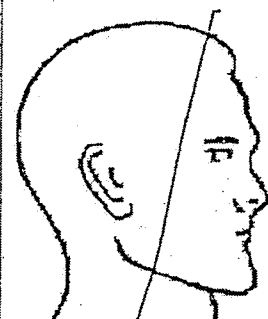
DEPARTMENT OF CORRECTIONS

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION CALSP	FACILITY/UNIT Bravo	REASON FOR REPORT (circle) USE OF FORCE	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE 8/17/07
THIS SECTION FOR INMATE ONLY	NAME LAST Robinson	FIRST N	CDC NUMBER J-71347	HOUSING LOC. 52-107	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
	HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE yard B	DATE/TIME OF OCCURRENCE 8/17/07 1130	NAME OF WITNESS(ES)			
TIME NOTIFIED 1135	TIME SEEN 1220	ESCORTED BY CO	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE	WHEELCHAIR
				AGE 39	RACE BLK
					SEX M
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE					

Comments:

INJURIES FOUND?	YES / NO
Abrasion/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
O.C. Spray Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Swollen Area	16
Other	17
	18
	19
O.C. SPRAY EXPOSURE?	YES / NO
DECONTAMINATED?	YES / NO
Self-decontamination instructions given?	YES / NO
Refused decontamination?	YES / NO
Q 15 min. checks	
Staff issued exposure packet?	YES / NO



RN NOTIFIED/TIME Salgado	PHYSICIAN NOTIFIED/TIME PA yang
TIME/DISPOSITION 1230 Release	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

BADGE # RDOs

4323 MT

STATE OF CALIFORNIA

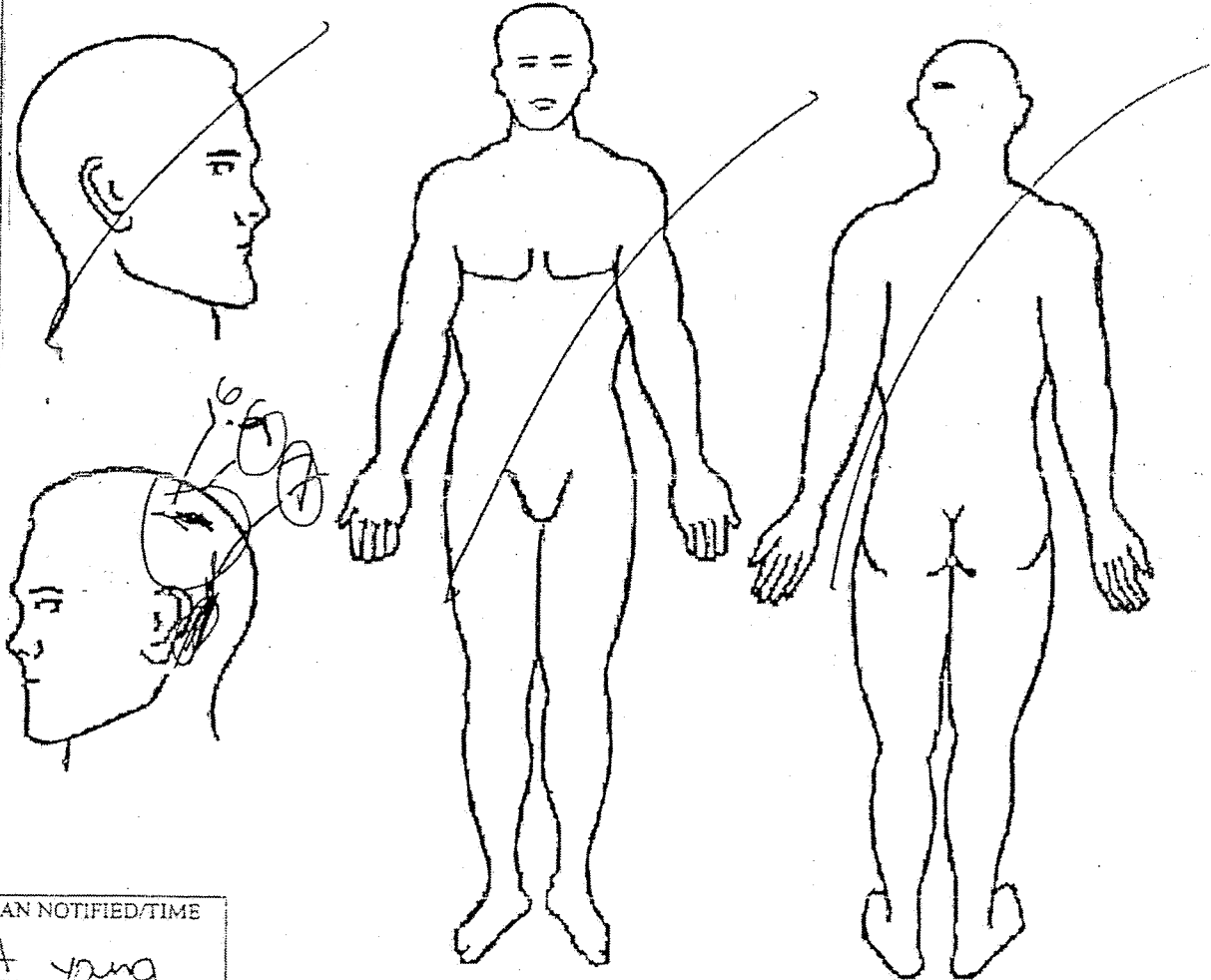
DEPARTMENT OF CORRECTIONS

MEDICAL REPORT OF INJURY
OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION CAL SV	FACILITY/UNIT Bravo yard	REASON FOR REPORT (circle) INJURY	ON THE JOB INJURY PRE AD/SEG ADMISSION	DATE 8/17/07
USE OF FORCE		UNUSUAL OCCURRENCE		
HIS SECTION FOR INMATE ONLY	NAME LAST Clark FIRST C	CDC NUMBER H-76477	HOUSING LOC. B4-247	NEW HOUSING LOC.
HIS SECTION FOR STAFF ONLY	NAME LAST FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/RDOs
HIS SECTION FOR VISITOR ONLY	NAME LAST FIRST MIDDLE	DOB	OCCUPATION	
HOME ADDRESS		CITY	STATE	ZIP HOME PHONE
PLACE OF OCCURRENCE yard Bravo	DATE/TIME OF OCCURRENCE 8/17/07 1130		NAME OF WITNESS(ES)	
ME NOTIFIED 1135	TIME SEEN 1142	ESCORTED BY CO	MODE OF ARRIVAL (circle) AMBULATORY	LITTER ON SITE
			WHEELCHAIR	AGE 32
			RACE Blk	SEX M
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE				

I. hit my head on ground.

INJURIES FOUND?	YES/NO
abrasion/Scratch	1
active Bleeding	2
broken Bone	3
bruise/Discolored Area	4
burn	5
dislocation	6
drawn Blood	(7)
fresh Tattoo	8
fracture/Laceration/Slash	(9)
Fire Spray Area	10
foreign object	11
foreign object	12
fracture	13
swollen Area	14
skin Flap	15
swollen Area	(16)
other	17
	18
	19
FIRE SPRAY EXPOSURE? YES/NO	
CONTAMINATED? YES/NO	
First decontamination instructions given? YES/NO	
Used decontamination? YES/NO	
First min. checks	
First issued exposure packet? YES/NO	



NOTIFIED/TIME Salgado 1200	PHYSICIAN NOTIFIED/TIME PA yang
DISPOSITION 200 Released to custody	

REPORT COMPLETED BY/TITLE (PRINT AND SIGN) Drate M. L. [Signature]	BADGE # 4373	RDOs MT
--	------------------------	-------------------

(Medical data is to be included in progress note or emergency care record filed in UMR)

504 TO RECORD

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER J-71342	INMATE'S NAME ROBINSON (M)	RELEASE/BOARD DATE	INST. CAL-IV	HOUSING NO. B2-107L	LOG NO. 02-07-02
VIOLATED RULE NO(S). CC 3001 (c)		SPECIFIC ACTS BATTERY ON AN INMATE WORKER	LOCATION AC 3 YARD #1	DATE 06-17-07	TIME 1125 HRS.
CIRCUMSTANCES					

On Friday, August 17, 2007, at approximately 1125 hours, while performing my duties as 'B' Observation Booth Officer, I observed two (2) inmates later identified by responding yard staff as Inmate ROBINSON, -71342, B2-107L, and Inmate CLARK, H-75477, P4-242L. Both inmates were facing each other on the yard #1 Handball Court looking east from observation. Inmate ROBINSON had a cane in his hands and was swinging it at Inmate CLARK who had both his hands clenched into fists. "Both inmates were trying to strike each other." I then verbally ordered the yard via the P.A. system all inmates complied with the exception of the combatants. I advised yard staff of the disturbance on the yard #1 handball court. Inmate ROBINSON was violating the cane. At this time responding staff arrived and placed both inmates in restraints without further incident. Upon Medical evaluation by medical staff it was determined that Inmate CLARK received a laceration with swelling to the left side of his head, consistent with being bludgeoned with the cane.

Inmate ROBINSON is not a participant of the 'C' and 'D' Prisoner Release (CPR) Case.
Inmate ROBINSON is aware of this report.

REPORTING EMPLOYEE (Typed Name and Signature) J. RIVAS, Correctional Officer		DATE 8/17/07	ASSIGNMENT 'B' Observation	RDO'S 3/3
REVIEWING SUPERVISOR'S SIGNATURE T. CADET, Correctional Sergeant		DATE 8/17/07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: 0-1	DATE 8/17/07	CLASSIFIED BY (Typed Name and Signature) R. J. [Signature]	HEARING REFERRED TO <input type="checkbox"/> HO <input type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC
COPIES GIVEN INMATE BEFORE HEARING				
<input checked="" type="checkbox"/> CDC 115 CDC 115-A	BY: (STAFF'S SIGNATURE) [Signature]	DATE 8/17/07	TIME 1125	TITLE OF SUPPLEMENT [Signature]
<input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER: 1-157-07-08-0240	BY: (STAFF'S SIGNATURE) [Signature]	DATE 8/17/07	TIME 1125	BY: (STAFF'S SIGNATURE) [Signature]
HEARING				

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME)	SIGNATURE [Signature]	DATE	TIME
REVIEWED BY: (SIGNATURE) [Signature]	DATE 8/17/07	CHIEF DISCIPLINARY OFFICER'S SIGNATURE [Signature]	DATE 8/17/07
BY: (STAFF'S SIGNATURE) [Signature]		DATE	TIME
<input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING			

CAL

30701769

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 1 OF 1

CDC NUMBER J-7147	INMATE'S NAME ROBINSON (R.K.)	LOG NUMBER 08-07-220	INSTITUTION CAL-CSP-IV	TODAY'S DATE 08/17/07
<input checked="" type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER			

On Friday, August 17, 2007, at approximately 1105 hours while performing my duties 'F' Yard Sergeant, observing on 'B' Yard #1 on the Baseball Court, when I arrived to the scene I saw Two inmates standing in front of each other with Inmate ROBINSON, J-7147, B-107L, holding a cane in his right hand attempting to strike Inmate Inmate CLARK, H-7547, B-242. I then ordered both combatants to get down with negative results. Inmate ROBINSON tried to swing at Inmate CLARK again. At this time utilizing my state issued 'A-6' (10) gun I discharged one (1) containing burst of spray to the facial area of Inmate ROBINSON after which both inmates complied and assumed a prone position on the ground. The Cane was confiscated and placed into Evidence Locker #11 in General Control.

This concludes my report.

SIGNATURE OF WRITER C.L. REAL, CORRECTIONAL SGT. (A)		DATE SIGNED	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 8/17/07	TIME SIGNED 11:00

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STATE OF CALIFORNIA

SERIOUS RULES VIOLATION REPORT

CAL

B 0701769 DEPARTMENT OF CORRECTIONS

CDC NUMBER <u>J-71342</u>	INMATE'S NAME <u>ROBINSON (BLK)</u>	VIOLATED RULE NO(S) <u>CCP-3005(c)</u>	DATE <u>03/17/07</u>	INSTITUTION <u>CAL-CSP-IV</u>	LOG NO. <u>08-07-320</u>
------------------------------	--	---	-------------------------	----------------------------------	-----------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE ▶ <i>[Signature]</i>	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION	
<input type="checkbox"/> I REVOKE my request for postponement	INMATE'S SIGNATURE ▶	DATE

STAFF ASSISTANT

STAFF ASSISTANT	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	▶	
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE	INMATE'S SIGNATURE	DATE
<input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	▶	
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input type="checkbox"/> NOT ASSIGNED	REASON	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

☐ REPORTING EMPLOYEE ☐ STAFF ASSISTANT ☐ INVESTIGATIVE EMPLOYEE ☒ OTHER ☐ NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

GRANTED NOT GRANTED

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

GRANTED NOT GRANTED

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	BY (STAFF'S SIGNATURE)	TIME	DATE
	▶		

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CAL
CALIPATRIA STATE PRISON
Calipatria, California

B0701769

FIRST LEVEL APPEAL RESPONSE

NAME: INMATE ROBINSON, J71342

APPEAL LOG #: CAL-B-07-01769

INTERVIEWED: BY R. JOHNSON, CORRECTIONAL LIEUTENANT

APPEAL ISSUE: PROGRAM

APPEAL DECISION: PARTIALLY GRANTED

APPEAL RESPONSE: In consideration of your appeal, a review of the appeal and its attachments was conducted. The California Code of Regulations (CCR) and all applicable laws and procedures were also considered.

In your appeal you claim that T. Catlett, Correctional Sergeant committed perjury and fraud by falsifying a CDC 128B, Informational Chrono, alleging that you were observed striking another inmate numerous times with your cane. You claim to be experiencing pain and suffering due to being deprived the use of your cane.

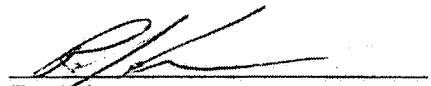
In your appeal, you request that the CDC 128B be inspected and corrected, Sergeant. Catlett be counseled, and that you be compensated \$5000.00 for libel, slander and pain and suffering.

On October 13, 2007, R. Johnson, Correctional Lieutenant, interviewed you regarding your Appeal Log #CAL-B-07-01769 during the interview you stated: "Maintain action requested."

A review was conducted of all pertinent documents, these documents reflect that an incident occurred in which you were observed using your cane to strike another inmate and the inmate had sustained injuries consistent with being struck with the cane. You were charged with Battery on inmate with a Weapon (Cane). The cane was secured as evidence as with all confiscated weapons. The CDC 128B is the document utilized to identify the disposition of the evidence and the source document to provide information related to the safety and security of the institution, staff and inmates. Additionally, you have been provided a replacement cane to use.

Based on the above, your appeal is Partially Granted at the First Level of Review. Partial granting is due to the CDC 128B being reviewed.

The appellant is advised that this issue may be submitted for a Second Level of Review if desired.


R. Johnson
Correctional Lieutenant
Calipatria State Prison

10/16/07
Date

State of California

Department of Corrections and Rehabilitation

Memorandum

Date :

NOV 14 2007

To : INMATE ROBINSON, J71342

Subject : **SECOND LEVEL APPEAL RESPONSE LOG NO.: CAL-B-07-01769**ISSUE: PROGRAM

It is your position that Correctional Sergeant T. Catlett, committed perjury and fraud in falsifying and fabricating false allegations in a CDC 128-B, Informational Chrono dated August 17, 2007, alleging that you were observed striking another inmate numerous times with your cane. This CDC 128-B was used as documentation to support removing the cane from your possession as a safety and security measure. You further note in your appeal that you are experiencing pain and suffering due to being denied your walking cane based on the above noted documentation.

You are requesting that the CDC 128-B dated August 17, 2007, be inspected and corrected, that Sergeant Catlett be counseled, and that you be compensated \$5,000.00 for libel, slander and pain and suffering.

INTERVIEWED BY: Correctional Lieutenant R. Johnson on October 13, 2007, in preparation for the First Level Appeal Response.

REGULATIONS: In consideration for your appeal, a review of the appeal and its attachments was conducted. The California Code of Regulations (CCR) and all applicable laws and procedures were also considered.

DISCUSSION:

This appeal was partially granted at the First Level of Review in that the CDC 128-B dated October 13, 2007, was reviewed by Correctional Lieutenant Johnson. In that response, Lieutenant Johnson noted that you were provided a replacement cane. In your Second Level Review Request you note that Lieutenant R. Johnson deliberately indifferently misstated the facts of the evidence and falsified and fabricated allegations in his attached CDCR 837-A, A1 Cover Sheet/Supplemental Report dated August 17, 2007, which set in motion the act committed by Sergeant Catlett. For this reason, you note your disagreement with Lieutenant R. Johnson investigating or reviewing this appeal at the First Level of Review.

A review of Crime/Incident Report, Log #CAL-FBY-07-08-0240 dated August 17, 2007, reveals that you were observed swinging your cane attempting to strike another inmate. Nowhere in the written reports for this incident is it documented that you struck the other inmate numerous times with your cane, as documented in the CDC 128-B dated August 17, 2007. Therefore, the CDC 128-B dated August 17, 2007, has been revised (see attached) to accurately reflect the circumstances that led to your cane being confiscated.

DECISION:

The appeal is Partially Granted at the Second Level of Review in that the **CDC128-B dated August 17, 2007, has been revised to accurately reflect the circumstances that led to your cane being confiscated.**

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.


T. OCHOA
Chief Deputy Warden
Calipatria State Prison

CAL B0701769

NAME and NUMBER ROBINSON

J-71342

CSP-CAL IV

CDC-128-B(Rev.4/74)

On Friday, August 17, 2007, at approximately 1129 hours, Inmate ROBINSON, J-17342, was involved in an incident of Battery on an Inmate with a Weapon, as referenced in Crime/Incident Report, Log #CAL-FBY-07-08-0240. During this incident Inmate ROBINSON was observed attempting to utilize his Cane to assault another inmate. The use of Oleoresin Capsicum spray was necessary in order to quell Inmate ROBINSON's aggressive attempt of using his Cane. The Cane was subsequently placed into evidence, and staff has determined that continued possession of the Cane by Inmate ROBINSON could possibly pose a grevous threat to the safety and security of staff, inmates and the institution.

Inmate ROBINSON is aware of this report.

Orig: Central File


cc: Program Lieutenant

CCI

Housing Unit

Security and Investigations Unit

Inmate


T.A. CAVLETT, Correctional Sergeant
Facility "B" Program Sergeant
Calipatria State Prison

DATE 08/17/07

(INFORMATIVE)

GENERAL CHRONO

P.3
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STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

C-FILE COPY

Date: MAR 05 2008
In re: Nehemiah Robinson, J71342
Calipatria State Prison
P.O. Box 5002
Calipatria, CA 92233

IAB Case No.: 0715870

Local Log No.: CAL-07-01769

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner P. D. Vera, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that Correctional Sergeant (Sgt.) T. Catlett committed perjury and fraud in falsifying and fabricating false allegations that the appellant was observed striking the other inmate numerous times with his cane on August 17, 2007. He claims that he is experiencing pain and suffering and has been denied his walking cane based upon the CDC Form 128-B, General Chrono, authored by Sgt. Catlett. The appellant requests that authorized staff inspect and correct the CDC 128B dated August 17, 2007, authored by Sgt. Catlett. The appellant also requests for Sgt. Catlett to be counseled. He further requests to be compensated \$5000.00 for libel, slander and pain and suffering.

II SECOND LEVEL'S DECISION: The reviewer found that the appellant's appeal was partially granted at the First Level of Review in that the CDC 128-B dated October 13, 2007, was reviewed by Correctional Lieutenant (Lt.) Johnson. In that response, Lt. Johnson noted that the appellant was provided a replacement cane. A review of the Crime Incident Report Log #Calipatria State Prison (CAL)-FBY-07-08-0240 dated August 17, 2007, reveals that the appellant was observed swinging his cane attempting to strike another inmate. Nowhere in the written reports for this incident is it documented that the appellant struck the other inmate numerous times with his cane, as documented in the CDC 128-B. Therefore, the CDC 128-B dated August 17, 2007, was revised to accurately reflect the circumstances that led to the appellant's cane being confiscated. The appellant's appeal is partially granted at the Second Level of Review (SLR) in that the CDC 128-B dated August 17, 2007, has been revised to accurately reflect the circumstances that led to the appellant's cane being confiscated.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: The examiner reviewed the issues of the appellant's appeal and reaffirms the institution's examination and conclusions as addressed within the SLR. The appellant's CDC 128-B dated August 17, 2007, was revised to reflect the circumstances that led to the appellant's cane being confiscated. In addition, the appellant was provided a replacement cane for use. The appellant's request to be compensated \$5000.00 is unfounded and beyond the scope of the appeals process. Although the appellant has the right to submit an appeal, the appellant's request for counseling Sgt. Catlett is beyond the scope of the appeals process. Therefore, no further relief is warranted at the Director's Level of Review.

The appellant has added new issues and requests to his appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:

California Code of Regulations, Title 15, Section: 3001, 3005, 3286, 3391
CDC Operations Manual Section: 72010.7.2

NEHEMIAH ROBINSON, J71342
CASE NO. 0715870
PAGE 2

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR. If dissatisfied, the appellant may forward this issue to the California Victims Compensation and Government Claims Board, (formerly known as the State Board of Control), Government Claims Unit, P.O. Box 3035, Sacramento, CA 95812-3035, for further review.

A handwritten signature in black ink, appearing to read 'N. Grannis', with a stylized flourish at the end.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CAL
Appeals Coordinator, CAL